



ORIGINAL RESEARCH PAPER

Unani Medicine

ACNE VULGARIS (BUSOOR-E-LABANIYA) WITH REFERENCES TO UNANI MEDICINE: REVIEW

KEY WORDS: Unani Medicine, Busoor - e - Labaniya, Mohasa, Acne Vulgaris:

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ABSTRACT

Acne vulgaris is one of the most common diseases affecting more than 85% of adolescents and young adults. It is one of the most common diseases affecting humanity and its impact on quality of life is important. Acne is a cutaneous disease of the pilosebaceous unit in which there is abnormality in sebum production. It is characterised by both inflammatory (papules, pustules and nodules) and non-inflammatory comedones (open and closed) lesions. Propionobacterium acne and staphylococcus epidermidis are common pus forming microbes responsible for the development of various forms of acne vulgaris. In Unani literature, acne vulgaris is termed as busoorlabaniya, mohasa or keel. Busoor-e-labaniya, which means eruption of whitish discharge, resembles like milk. Many renowned Unani physicians had mentioned about acne and its types in their respective literature. The treatment strategies involve topical systemic, hormonal, herbal and combination therapy. Present review paper is an attempt to throw some light over acne vulgaris in perspective of rich Unani literature. This study also attempts to highlight the possible management and preventive measures of acne vulgaris through Unani medicine

INTRODUCTION

Acne vulgaris is a chronic inflammatory disease of the pilosebaceous units and is characterized by seborrhoea, the formation of comedones, erythematous papules and pustules, less frequently by nodules, deep pustules, or pseudocysts and, in some cases, is accompanied by scarring.[1,2] It is believed to be the most common disease of the skin. The condition usually starts in adolescence, peaks at the ages of 14 to 19 years and frequently resolves by mid-twenties. Acne develops earlier in females than in males, which may reflect the earlier onset of puberty in females. The most severe forms of acne vulgaris occur more frequently in males, but the disease tends to be more persistent in females.[3]

Acne is a polymorphic disease, which occurs predominantly on the face (99%) and, to a lesser extent, occurs on the back (60%) and chest (15%). Although it is usually a condition of adolescent, acne affects 8% of 25-34 year olds and 3% of 30-44 year old age group.[4,5]

In Unani system of medicine, acne vulgaris is termed as Basoore Labniya, Mohasa or Keel. The renowned Unani physician, Ibn Sina says in his treatise, Canon of Medicine, that Mohasa are small white eruptions on the nose and cheeks which resemble condensed drops of milk.[6] The etiology is considered to be Madda Sadeediya (suppurative material), which comes towards the skin surface due to Bukharat (vapours) of the body and is not resolved in the skin due to its viscosity.[6,7]

DESCRIPTION OF ACNE VULGARIS (BUSOOR -E-LABANIYA) IN UNANI LITERATURE

Skin is the most motadil (moderate) organ of the body in terms of its mizaj (temperament), as all kaifiyate arba (four qualities) are equal.7

According to classical Unani literature, Busoor (acne) is a type of warm (inflammation). The difference is only in size. Busoor are small awram.8

According to Hakeem Ajmal Khan, sometimes small pointed eruption appears on face, neck, chest, cheeks and nose. These eruptions are hard and red in colour. When these eruptions become mature they excrete keel and some amount of pus. 10

Aviccena in his book 'Alqanoon fit tib' defines Busoor labaniya (acne vulgaris) as; "These are small eruptions on the nose and cheeks, white in colour, resembling a drop of milk. The cause is Madda sadidiya which reaches to the external surface in the form of vapours" They are so named because of its resemblance with drop of milk. 11, 12, 13

Males are commonly affected specially during puberty. 12

According to Qarshi it is a muttaaddi (infectious) disease in which small white eruption appear on face nose and cheeks and on pressing a cheesy material expressed out from it. 14

Cause of these eruption is a maddae-i-sadidiya which comes towards skin surface due to bukharat-i-badan . 13

ASBAB -E-MARZ (Causes of Acne)

According to modern medicine the exact cause of acne is unknown but several factors such as genetics, hormonal changes, infections, skin cosmetics, certain medications and environmental conditions play important role in causing acne.

As per Unani classics the cause of acne is suppurative material (madda Sadeediya), which comes to the skin surface due to vapours of the body (bukharat-e- badan) and this material does not get resolved in the skin due to its viscosity.

According to some Unani physicians, the main cause of acne (Busoor-e- Labaniyah) is the hyperactivity of sebaceous glands (Ghudud-e- Dohniya), which results into increased production of oily material. This oily material gets clogged into the openings of these glands. These glands are then inflamed, get suppurated and filled with pus.

The yellow pus (madda-e- sadeedi) reaches to the skin due to increased abnormal heat (Ifraat-e- hararat) and does not get resolved easily from the pores. In other words, the yellow pus (Madda-e- sadeediyah) originates due to the bukharat-e-badan and later gets shifted towards skin.

The yellow liquid of acne (Busoor-e-labaniyah) is transformed from the body vapours (bukharat-e- badan), which are accumulated in the skin and their light ingredients (raqeeq) get converted into a thick fluid due to the effect of air and these thick materials are not easily resolved, hence the pores get blocked.

ENVIRONMENTAL FACTORS

According to Hippocrates variation in heat and moisture and climatic changes cause the imbalance of humours. Balance is restored using opposite treatment of heat and moisture in the diet and in hygiene.

According to the season, all four humours increase or decrease normally. In winter phlegm increases more. Sometime changes in the weather can produce or aggravate the skin condition.

Madda sadidiya (infected matter) is the cause of basoor labaniya which reaches in forms of vapours at the external surface of the skin. 11

The cause is thick viscid morbid matter which enters the pores in the form of vapours and due to its viscosity it is not resolved in the skin. 22

The other factors are

- Indigestion
- Constipation
- Irregularities of menstruation
- Use of hot and spicy diet. 23

MAHIYAT- E-MARZ (Pathogenesis)

According to some Unani authors, Busoor-e-labaniya is caused by hyperactivity of Ghudud-e-duhniya (sebaceous gland), resulting in increased secretion of sebum which is oily and they become condensed into the opening of these glands, after that inflammation and suppuration occurs [19]. Cause of these eruptions is a Madda-e-sadadya (suppurative material) which comes towards skin surface due to Bukharat-e-badan (vapors of body) [17, 19, 30].

Awram [27]. If any organ is unable to excrete out Fuzlat(waste material) from it or other organ, disposed their Fuzlat towards weak organ, and organ is unable to dispose the waste due to this reason. Nutu or elevation appears in organ. Tabiyat tries to eliminate the morbid material through the skin in the form of swellings and papules [28, 29]. Tabiyat expels it towards skin, which leads to formation of Busoor and Awram.

ALAMAAT (Sign and Symptoms)

1. Disease occurs at the age of 17-25 years [17, 18].
2. It occurs on face, neck [18, 22], shoulder and chest and back [22].
3. Eruptions are red or white in color and size varies from a Dana-i-khashkhash (poppy seeds) to a pea size [18, 22].
4. Presence of black heads, white heads, papules and pustules [23].
5. These are small, with rigid base, pointed eruptions, and are red in color; after maturation, they excrete Kil and pus [21, 22]. Due to this, the affected skin becomes thick and of clay colored [22].
6. On its tip, small amount of pus is there [18].

Site of lesion

- Nose and cheeks. 11
- Nose and forehead. 18
- On face and either side of nose. 16

PREVENTIVE MEASURES

The preventive measures can help the patients mainly to reduce the severity, swollenness and redness of the face. These tips can alleviate the complications arising from acne. Avoid touching and scratching of the affected parts repeatedly. Wash your hands regularly with antiseptic lotions and keep them clean.

Avoid makeups. If required use only those kinds which are oil free and do not clog up the pores.

Stay away from sunlight as it can produce more oil glands causing acne. Use sunscreen when you move outdoor.

Balanced and complete diet should be preferred with more consumption of fresh vegetables and fruits.

Drink more and more quantity of water (10-12 glasses daily) to flush out the toxins from the body.

Avoid drinking of beverages like coffee, tea and alcohol. Also avoid smoking.

Regular exercises are helpful to expel out the excreta from the body.

USOOL-E-ILAAJ(Management)

- Treatment of main cause of disease will be first priority [21, 22].
- Tanqiyya (elimination of morbid material) of body and Dim gh (brain) [16, 17, 18, 22]
- Use of Muhallil (anti-inflammatory) [19], Mujaffif (desiccant) [19], J ali (detergent) and Musaffi (blood purifiers) drugs [17, 18, 24].
- Avoid H rr (hot) and Thaqilghiz (heavy food items) [22].
- In Ghalba-i-khun (excess of blood), Fasd (venesection) is recommended [15, 20].
- In Hiddat-i-dam, Mulattif t (demulcent) are recommended [25].
- In Fas d-i-dam (impurities of blood), Musaffiy t (blood purifiers) are recommended [15].

ILAAJ (Treatment)

- As per Unani philosophy the basic principles which are followed for the management of acne are:
- Removal of underlying cause
- Improvement of digestion and correction of hepatic insufficiency
- Medication to improve the quality of blood and if required then minimize the quantity also.
- Use of blood purifiers
- The mainstay for the treatment of acne in modern medicine is the use of topical and or systemic antibiotics and retinoid.

As acne effects face most commonly and face is the most cared part of body and remains exposed for maximum time to external environment so, we have to pay special need to its cleanliness and glow. So any causal factor due to vegetative faculty, which results in change of facial complexion, should be treated appropriately with Tila from zafran and Jaliadvia (detergent) is very effective. Some compound Unani medicines for purpose are Itrifal shahtra, Majoon Ushba, Habbe Musaffi Khaons etc.

Many single medicines are very effective for this purpose are as follow:

Raihan (Tulsi: Ocimum sanctum), Bittersweet night shade (solanumducamara), barberry (Berberis Aristata) Unnab (Ziziphus Sativa Linn), Muqil (Commiphora Mukul), Aslussoos (Glycyrrhiza Glabra Linn), Podina (Calamintha Graveolens), Haldi (Turmeric: Curcuma Longa) Usnea (Usnic acid) Bnafsha (Viola Odorata) Ushba (Smilax Mededica) etc.

However long term use of these drugs may produce significant side effects.

Physicians of Unani system have been practicing many herbo- mineral formulations (both local as well as oral routes) for the treatment of acne, pimples, and scars which are beneficial in the treatment and management of acne vulgaris.

Oral drugs are required when acne is severe and cannot be controlled by local drugs and measures.

Scars which result from acne require specialized care & management. Unani herbal treatment successfully cures this ailment without any negative effects.

GHIZAWA PERHEZ (Diet and Precautions)

- Take healthy and balanced diet including fresh fruits and vegetables.
- Use only Ghiz -i-S da (simple food, items) like Turai (ridge gourd), Kaddu (pumpkin), Palak (spinach), Shalgham (turnip), Mung (green gram), Arhar (split red gram), mutton, etc. [24, 27].

- Advise patient only simple Shorba (gravy) Chapatti (bread), B rid (cold) vegetables. Fruits like Apple, Papita & N shp ti etc. Should be given. (26)
- Regular exercise and drinking plenty of water may reduce the occurrence of acne [25m].
- Avoid Raddi (waste), F sid (putrified), B di (flatulent), oily and sweet food items, avoid M shkid l (black gram), Gobhi (cauliflower), Matar (pea), Shar b (alcohol), etc. [26].
- Avoid cow meat, Kab b (fried meat), brinjal, Masur (red lentil), hot spices, red chilies and more exposure to sunlight [18].

CONCOLUSIONS

Acne can be managed very effectively with a range of treatments. Its causes and preventive measures along with treatment is mentioned and very well described in rich Unani literature. Present outcome measures should be assessed further. Some creative methods of assessing acne can also be explored. Treatment with combination of topical and systemic drugs result in the control of all form of the disease. So, there is need to explore the Unani treatment of acne vulgaris in general public for safe, economical and effective treatment.

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